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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant: Perriann M. Holden

Serial No.: 09/910,641

Filed: July 20, 2001

Title: Protective Attachment

Art Unit: 3765

Docket No.: 810101-1

RECEIVED

NOV 2 9 2002

AMENDMENT AFTER FINAL REJECTION

TECHNOLOGY CENTER R3700

Assistant Commissioner for Patents Washington, D.C. 20231

Attention:

Alissa Hoey

Examiner

(703) 308-6094

Dear Sir or Madam:

Responsive to the Office Action mailed October 29,2002, please amend the above-identified patent application as follows:

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE aperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 09/910.641 Application Number TRANSMITTAL 07/20/2001 Filing Date Perriann M. Holden **FORM First Named Inventor** (to becased for all correspondence after initial filing) Group Art Unit 3765 Alissa Hoey **Examiner Name** 13 810101-1 Attorney Docket Number Total Number of Pages in This Submission **ENCLOSURES** (check all that apply) After Allowance Communication Assignment Papers Fee Transmittal Form (for an Application) to Group Appeal Communication to Board Drawing(s) Fee Attached of Appeals and Interferences Licensing-related Papers Appeal Communication to Group Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition After Final Proprietary Information Petition to Convert to a Affidavits/declaration(s) Provisional Application Status Letter Power of Attorney, Revocation Change of Correspondence Other Enclosure(s) (please **Extension of Time Request** Address identify below): Terminal Disclaimer **Express Abandonment Request** Request for Refund Patent Application Fee Information Disclosure Statement **Determination Record** CD, Number of CD(s) Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ RECEIVED Incomplete Application Response to Missing Parts NOV 2 9 2002 under 37 CFR 1.52 or 1.53 TECHNOLOGY CENTER R3700 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Law Office of Jerry R. Potts Individual name Signature 11/21/2002 **CERTIFICATE OF MAILING** I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 11/21/2002 Jerry R. Potts Typed or printed name Signature 11/21/2002 Date

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PTO/SB/06 (08-00)

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Processors are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 09/910,641 OTHER THAN SMALL ENTITY CLAIMS AS FILED - PART I SMALL ENTITY NOV 2 1 2002 (Column 2) (Column 1) RATE FEE FEE RATE NUMBER EXTRA NUMBER FILED FOR OR BASIC FEE (37 CFR 1.16(a)) 0 OR TOTAL CLAIMS 0 20 = (37 CFR 1.16(c)) OR O INDEPENDENT CLAIMS (37 CFR 1.16(6)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 (39) L16(d)) 355 TOTAL OR TOTAL If the difference is cohum 1 is less then zero, enter "€" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR. SMALL ENTITY SMALL ENTITY (Column 3) (Cohema 2) (Cohmu 1) ADDI-ADDI-HIGHEST **CLAIMS** TIONAL RATE TIONAL PRESENT NUMBER RATE REMAINING FEE **EXTRA** FEE PREVIOUSLY AMENDMENT AFTER PAID FOR AMENDMENT OR = 0 20 Minus OR (37 CFR 1.16(c)) Independent **= 0** OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37.CFR.L16(4)) OR TOTAL OR TOTAL ADDIT. FEE ADDIT. FEE (Cohum 3) (Column 2) (Cohmn I) ADDI-ADDI-HIGHEST **CLAIMS** TIONAL TIONAL RATE PRESENT RATE NUMBER REMAINING EXTRA FEE TEE AFTER PREVIOUSLY AMENDMENT AMENDMENT PAID FOR 11700 OR 20 Total 33 Minus OR (37 CFR L16(c)) 42° Independent OR **Minus** TECHNOLOGY CENTER R3700 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR: 1:16(d)) TOTAL TOTAL 159 ADDIT. FEE ADDIT. FEE (Colimn 3) (Column 2) (Cohmm 1) ADDI--FOCEA HIGHEST CLAIMS TIONAL RATE PRESENT TIONAL RATE. NUMBER. REMAINING FEE EXTRA FEE AMENDMENT REVIOUSLY AFTER PAID FOR AMENDMENT OR Ф *3*3 Total (07 CFR 1.16(c)) Minus OR Ф Independent 3 Ø Minus OR (37 CER L.16(b)). FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 37 CFR 1.16(4) OR TOTAL TOTAL OR ADDIT. FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

"Till har blancher Descriptive Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.